

**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515-5301**

**PRIVACY RELEASE FORM**

The Privacy Act of 1974 requires written consent from the individual/constituent before Congressman James C. Moylan can obtain information from government agencies on your behalf. Please complete and sign this form and return it to Congressman Moylan's office.

**PLEASE TYPE OR PRINT**

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Other: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Unit # (if any): \_\_\_\_\_

Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please check the corresponding box below:**

<input type="checkbox"/> Grants	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Housing	<input type="checkbox"/> IRS	<input type="checkbox"/> Medicare
<input type="checkbox"/> Military/VA	<input type="checkbox"/> Social Security	<input type="checkbox"/> Post Office	<input type="checkbox"/> Passport	<input type="checkbox"/> Other: _____

**Relevant Number(s)** (i.e. case#, claim#, receipt#, Medicare card#): \_\_\_\_\_

**Have you contacted any other elected official to assist with your issue(s) or concern(s)?** ☐ YES ☐ NO

Name: \_\_\_\_\_

Do you currently have an attorney working with you? ☐ YES ☐ NO

May we contact this attorney about your case? ☐ YES ☐ NO

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please include a detailed letter explaining your situation and photocopies of documentation that is relevant to your case.**

**I certify, under penalty of perjury, that 1) I have provided or authorized all the information in this privacy release and any document submitted with it; 2) I reviewed and understand all the information contained in my privacy release and any documents submitted with it; and 3) all this information is complete, true, and correct.**

**I authorize the Office of Congressman James C. Moylan to address the matter described above on my behalf and receive all relevant information the Congressman and his staff may need in their efforts to provide assistance to me.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*